

South Dakota Internal Review Collection Form March 31, 2019 Version					Type - Y (Compliance), N (Error), N/A (Not applicable, not an option)	Y	N	N/A	Section Percentage
School District:	School Name:	School Year:	Date of Review:	Staff Reviewed:	Notes/Findings:				
Student Name:	SIMS Number:	Date of Birth:	Disability Code:	Reviewer Name:					
Current IEP Date:	Current Eval Date:	Age:	Grade:	Initial or Reeval:					
<a href="#">Subsection Title and Corresponding ARSD Links</a>		Yellow boxes are prompts for information.	<input checked="" type="checkbox"/> Use checkboxes to help record findings.		Voided space and/or clarifying information.	Be sure to mark only one box per row.		"N/A" may be appropriate for certain sections.	
Record of Access						Y	N	N/A	N/A
<a href="#">Record of Access (24:05:29:15)</a>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Referral						Y	N	N/A	N/A
<a href="#">Referral Document (initial only) (24:05:24:01)</a>	Date of referral:	The top two spaces are available to type in.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	List all areas of referral:								
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If referral can not be found and is older than three years, N/A is appropriate.									
Initial Placement						Y	N	N/A	N/A
<a href="#">Consent Signed for Initial Placement into Special Education (24:05:27:04.01)</a>		Date Signed:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(The Consent Signed for Initial Placement into Special Education form is a separate document. In the past, it may have been found at the end of the IEP.									

Evaluation				Y	N	N/A	N/A
<u>Initial Evaluation</u> (24:05:25:02.01)  <u>Reevaluation</u> (24:05:25:06.01)	Date Sent: <input type="text"/>		Use the most recent evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consent was acquired for <u>initial evaluation</u> .  If consent was not given by the parent for <u>reevaluation</u> , evidence of attempts were made to elicit parent.						
<u>Parent Input into Evalaution</u> (24:05:25:16)	Parent input must be documented in the PPWN Consent on input exiting data and upcoming evaluation. (refer to phone logs, progress notes, prior notice)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Procedural Safeguards</u> (24:05:30:06.01)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Extension on 25 Day Timeline</u> (24:05:25:03)	Documented agreement with parent and district on new extension date. Document agreement and extended to date. "N/A" is acceptable.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Content of Prior Written Notice/ Consent for Evaluation</u> (24:05:30:05)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Explanation of why the district proposed or refused to take the action <input type="checkbox"/> Description of other options considered and why they were rejected <input type="checkbox"/> Description of evidence used for the proposed or refused action <input type="checkbox"/> Description of other factors that are relevant to proposal or refusal						
	All components should be completed and have a clear description.						
<u>Timeline of Prior Written Notice/ Consent for Evaluation</u> (24:05:25:03)	Date sent:	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Date signed:	<input type="text"/>					
	Date received:	<input type="text"/>					
	25 school days:	<input type="text"/>					
	30 calendar days:	<input type="text"/>					
	Extension on 25 day:	<input type="text"/>					

<u>Evaluations to be Completed by the District per Parental Prior Written/Consent for Evaluation (24:05:25:04.02)</u>	List areas:	Test administered:	Test date:	Evaluator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Existing Evaluation Data to be Pulled Forward (24:05:25:04.02)</u>	List areas:	Test administered:	Test date:	Evaluator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Skills Based Assessment and Report (24:05:25:04.02)</u>	List areas:	Test administered:	Test date:	Evaluator:				



Eligibility Document for Specific Learning Disability		Y	N	N/A	N/A
If student is not eligible for Specific Learning Disability, skip this section.					
<a href="#">Specific Learning Disabilities</a> <a href="#">(24:05:24.01:19)</a>	Check:				
	<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression	<input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Problem Solving <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Initial Determination of Eligibility Only					
<a href="#">Initial Eligibility</a> <a href="#">(24:05:24.01:19)</a>	Written report must include:				
	<input type="checkbox"/> Student achieves adequately  <input type="checkbox"/> Student exhibits pattern of strengths & weaknesses  <input type="checkbox"/> Student was provided appropriate instruction in regular education settings by qualified personnel  <input type="checkbox"/> Repeated assessment of achievement reflecting student progress  <input type="checkbox"/> Attendance record	<input type="checkbox"/> Lack of appropriate instruction  <input type="checkbox"/> Observation of the student  <input type="checkbox"/> Relevant medical findings (if any)  <input type="checkbox"/> Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.)  <input type="checkbox"/> Adverse effect on educational performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For <u>Reevaluation of Eligibility Only</u>						
<u>Reevaluation of Eligibility</u> <u>(24:05:24.01:19)</u>	Written report must include: <div> <div> <input type="checkbox"/> Student achieves adequately               <input type="checkbox"/> Achievement level problem is/is not primarily the result of another factor (e.g. emotional disturbance, cognitive impairment, etc.)             </div> <div> <input type="checkbox"/> Student exhibits pattern of strengths &amp; weaknesses               <input type="checkbox"/> Adverse effect on educational performance             </div> <div> <input type="checkbox"/> Observation of the student             </div> <div> <input type="checkbox"/> Relevant medical findings (if any)             </div> </div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>Team Member Signatures</u> <u>(24:05:25:08)</u> <u>&amp; Conclusions</u> <u>(24:05:25:13)</u>		Check: <div> <div> <input type="checkbox"/> Parent               <input type="checkbox"/> Special Education Teacher             </div> <div> <input type="checkbox"/> General Education Teacher               <input type="checkbox"/> LEA Representative             </div> <div> <input type="checkbox"/> Qualified interpreter of results               <input type="checkbox"/> If disagreed - Written input was provided             </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>	

Meeting Notice				Y	N	N/A	N/A			
<u>Meeting Notice</u> (24:05:30:02.01) (24:05:25:16)	Date sent:		From this point on use the current IEP's documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Meeting date:									
<u>Procedural Safeguards</u> (24:05:30:06.01) (24:05:30:06.02)	Must be given to parents annually.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>IEP Team Membership</u> (24:05:27:01.01) (24:05:25:16)	Check:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/> Student (when appropriate) <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Parent (no exception for Initial) <input type="checkbox"/> LEA Representative <input type="checkbox"/> General Education Teacher <input type="checkbox"/> Agency Invited <input type="checkbox"/> Qualified interpreter of results <input type="checkbox"/> Other _____ <div style="text-align: right;">(specify other)</div>									
<u>Prior to Meeting</u> (24:05:27:01.05)	Team member excused:		If there was no need for a team member to be excused, check "N/A" for the subsection.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Consent date:									
	Written input provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
If marked yes, the above section can be marked yes. The parent must sign the excusal form prior to the meeting.										
Individual Education Plan (Use the most recent IEP.)				Y	N	N/A		N/A		
<u>Evaluation Reports Given to Parents</u> (24:05:25:04.03)	Evidence the parent received a copy of the reports (e.g. initials on the front page IEP or other evidence).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Copy of IEP Given to Parents</u> (24:05:25:19)	Evidence copy of the IEP was given to parents (e.g. initials on the front page, addressed in PPWN, or other evidence).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Met Annually</u> (24:05:27:08)	Current annual review date:		Should be within one year of the last IEP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Previous annual review date:									

Present Levels of Academic Achievement & Functional Performance			Y	N	N/A	N/A
<u>Progress/Involvement in General Education Curriculum</u> (24:05:27:01.03)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parent Input			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Present Levels of Academic Achievement &amp; Functional Performance Linked to Annual Goals</u> (24:05:27:01.03)	Skill Area:	Measuarable Goal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation	<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often				
	Skill Area:	Measuarable Goal:				
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation	<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Skill Area:	Measuarable Goal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation	<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often				
Skill Area:	Measuarable Goal:					
<input type="checkbox"/> Strengths <input type="checkbox"/> Needs <input type="checkbox"/> Link to evaluation	<input type="checkbox"/> Condition <input type="checkbox"/> How well <input type="checkbox"/> Performance <input type="checkbox"/> How often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>How Progress will be Measured</u> (24:05:27:01.03)	Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Reporting frequency <input type="checkbox"/> Extent of progress <input type="checkbox"/> Reporting method					
<u>Accommodations/Modifications</u> (24:05:27:01.03)	Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location					

Special Factors				Y	N	N/A	N/A
<u>Considerations</u> <u>(24:05:27:01.02)</u>	Select for each:		Determine if data supports the selection for each special factor; if not addressed, check "N" for score.				
		Limited English proficient					
		Special communication needs					
		Requires Braille		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Behavior impedes learning					
		Requires assistive technology & services					
		Physical education					
		Hearing aid maintenance					
<u>State/District Assessments</u> <u>(24:05:27:01.03)</u>	Students will be taking state and district-wide assessments:						
	<input type="checkbox"/> With accommodations <input type="checkbox"/> Without accommodations	Testing accommodations must reflect instructional accommodations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Alternate Assessments</u> <u>(24:05:27:01.03)</u>	The following must be met:						
	<input type="checkbox"/> Student meets the significant cognitive disability criteria <input type="checkbox"/> Explanation for why student cannot participate in the regular assessment <input type="checkbox"/> Explanation for why the alternate assessment selected is appropriate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The alternate assessment is for students working in the alternate achievement standards. Annual goals and short term objectives are required.						

Transition		Y	N	N/A	N/A
Indicator 13 Item 1					
<a href="#">Transition IEP*</a> <a href="#">(24:05:27:01.03)</a>	Transition IEP must be in effect for all students on their 16 birthday or for younger students if it is addressed in the IEP. *This is not on the Indicator 13 checklist, but it is a compliance requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Transition Assessments</a> <a href="#">(24:05:27:01.03)</a>	<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The transition assessment must be completed prior to the age of 16 and updated annually. Evidence of transition strengths/ needs are document on the PLAAFPs.					
<b>Transition Evaluation Report*</b>	A transition evaluation report is located in the file. *This is not on the Indicator 13 checklist, but it is a compliance requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicator 13 Item 2					
<a href="#">Age-Appropriate Measurable Post-Secondary Goals</a> <a href="#">(24:05:27:01.03)</a>	<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicator 13 Item 3					
<b>MPSGs Updated Annually</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicator 13 Item 4					
<a href="#">Course of Study Aligns to Post-Secondary Goals</a> <a href="#">(24:05:27:01.03)</a>	<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed by age 16, or younger if transition has been addressed in the IEP, and updated annually through graduation or 'age out'.					
Indicator 13 Item 5					
<a href="#">Transition Services/Activities</a> <a href="#">(24:05:27:13.02)</a>	<input type="checkbox"/> Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Services/activities will reasonably enable the student to meet post-secondary goals and have at least one activity per MPSG addressed.					

Indicator 13 Item 6			
<u>Annual Goal Related to Student's Transition Service needs in (24:05:27:13.02)</u>	<input type="checkbox"/> Employment		
	<input type="checkbox"/> Education/Training		
	<input type="checkbox"/> Independent Living		
	Annual goals are linked to the MPSGs.		
Indicator 13 Item 7			
<u>Student Invitation/Participation (24:05:25:16.01)</u>	How the student invited?	If student was not in attendance at the meeting, the IEP should show evidence that student's preferences and interests were taken into account.	
	<input type="checkbox"/> Meeting notice <input type="checkbox"/> Individual student invite		
Indicator 13 Item 8			
<u>Consent to Invite Outside Agency (24:05:25:16.01)</u>	Consent to invite:		List of agencies invited:
	Invited on meeting notice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Meeting notice date:		
	Date of IEP:		
Other Transition Areas			
<u>Transfer of Parental Rights: (24:05:30:16.01)</u>	Turned 17 on:		
	Rights reviewed on:		
<u>Specific Graduation Requirements: (24:05:27:12)</u>	Graduation requirements addressed on:		
	Student is to graduate:		
<u>When Student has Graduated (24:05:27:12)</u>	Written prior notice was sent:		
	When a student graduates, it is a change in placement. It must have a written prior notice sent. If student has "aged-out", a PPWN is required.		
<u>Summary of Performance was provided to the Student/Parent/Guardian (24:05:27:12)</u>	Summary of Performance (SOP) is required for students who graduated and aged out. A copy of the SOP should remain in the file.		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Related Services		Y	N	N/A	N/A
<u>Related Services</u> <u>(24:05:27:16)</u>	Service Provided:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Other				
	Service Provided:				
	<input type="checkbox"/> Frequency <input type="checkbox"/> Location <input type="checkbox"/> Duration <input type="checkbox"/> Other				
Least Restrictive Environment		Y	N	N/A	N/A
<u>Configuration of Services</u> <u>(24:05:27:01.03)</u>	Skill area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location				
	Skill area:				
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location				
	Skill area:				
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location				
	Skill area:				
	<input type="checkbox"/> Frequency <input type="checkbox"/> Duration <input type="checkbox"/> Location				
<u>Continuum of Placement</u> <u>(24:05:28:02)</u>	Select:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Select for Early Childhood (Ages 3-5):				

<a href="#">Participation with Non-disabled Peers</a> (24:05:28:01)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Justification for Placement</a> (24:05:28:03)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<a href="#">Extended School Year</a> (24:05:25:26)	Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Determination <input type="checkbox"/> Beginning/end dates <input type="checkbox"/> Goals <input type="checkbox"/> Amount of service					
Prior Parental Written Notice			Y	N	N/A	N/A
<a href="#">Prior Written Notice Sent to Parent Regarding IEP Implementation</a> (24:05:30:04)	Date Sent:		<input type="checkbox"/> 5 day waiver was initiated/dated.	<input type="checkbox"/>	<input type="checkbox"/>	
	Date services begin:					
	If dates are incorrect, check "N".					
<a href="#">Content of PPWN</a> (24:05:30:05)	Check:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Explanation of why the district proposed or refused to take the action <input type="checkbox"/> Description of other options considered and why they were rejected <input type="checkbox"/> Description of evidence used for the proposed or refused action <input type="checkbox"/> Description of other factors that are relevant to proposal or refusal					

Amendment to IEP				Y	N	N/A	N/A
Amendment to IEP (24:05:27:08.01) (24:05:27:08.02)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prior Notice (24:05:30:04)	Document if the amendment was made with or without a meeting.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Items				Y	N	N/A	N/A
Parent Declined/ Withdrew Consent for Services	Revocation signed:		(24:05:27:04.02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Date prior notice was sent:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surrogate Parent				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer Students Provided with FAPE/Comparable Services	Date prior notice was sent:		In-state (24:05:27:15.01) Out-of-state (24:05:27:15.02)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Eligibility determination date:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer Students Evaluated for South Dakota Eligibility	IEP date:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PPWN Implementing IEP sent:						